

Department of Taxation and Finance

Resident Income Tax Return New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2024, through December 31, 2024, or fiscal year beginnir	ıg	
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IT-201

24

For help completing your return, see the instructions, Form IT-201-I.							and ending									
	Your first name MI Your last name (for a joint return, enter spouse's na									w)	our date of birth (mmddyyyy)	Your Social	Security numb	er		
Sp	ouse's first name	MI	S	Spouse's last name					Spouse's date of birth (mmddyyyy) Spou				Spouse's Social Security number			
Ma	failing address (see instructions) (number and street or PO Box)									Apartment number	New York St	ate county of r	esidence			
Ci								untra (Sahaal diatri	ot nomo				
	ty, village, or post office				State	ZIP code	:		untry			School distr	ct name			
Та	xpayer's permanent h	ome add	ress	s (see instructions) (numh	er and stre	et or rural rou	te)		Ar	partment number					
				1000	/ (School distr				
Ci	ty, village, or post office				State	ZIP code	•				axpayer's date of death (mmddy)		e's date of death	(mmddyyyy)		
					NY				cedent rmatic							
A	Filing ①	Sing	le					D1			have a financial account l gn country?		Yes	No		
	(mark an (mark an X in one (enter spouse's Social Security number above)						(e)	D2			you or your spouse maint r ters in Yonkers for any p		Yes	No		
	box): 3			filing separate return ouse's Social Security number above)							ber of months you lived i	in Yonkers ir	n 2024			
	4	Hea	d of	household (with	n qualifying person)				(3) Number of months your spouse lived in Yonkers in 2024							
	(5 Qualifying surviving spouse							(4)		vo. I you or your spouse work in Yonkers while : living in Yonkers for any part of 2024 Yes No						
В	Did you itemize yo your 2024 federal i	income t	ax r	eturn?	Yes	No	,	Е	(1)	Did y	you or your spouse maintain living quarters in C (this includes the Bronx, Brooklyn, Manhattan,					
С	Can you be claim on another taxpaye				Yes	No				Que	nucens, and Staten Island) during 2024?					
								_	. ,	(any	day)					
								F NYC residents and NYC part-year residents only: (1) Number of months you lived in NYC in 2024								
										Number of months your spouse lived in NYC in 2024						
н	Dependent infor	mation	1					G			ur 2-character special control if applicable					
	First name		MI	Last r	name		Relati	ionsł	nip		Social Security numl	per I	Date of birth	(mmddyyyy)		
<u> </u>										-						
-										+						
		!		-												

If more than 7 dependents, mark an **X** in the box.



For office use only

Your Social Security number	
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(Federal income and adjustments)

гe	derai income and adjustments		Whole dollars only
1	Wages, salaries, tips, etc	1	.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00

12	Rental real estate included in line 11	12	.00		
13	Farm income or loss (submit a copy of federal Schedule F, Forr	13	.00		
14	Unemployment compensation			14	.00
	Taxable amount of Social Security benefits (also enter on line			15	.00
16	Other income Identify:			16	.00
	Add lines 1 through 11 and 13 through 16			17	.00
18	Total federal adjustments to income Identify:			18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)		19	.00	

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00		
26	Pensions of NYS and local governments and the federal government	26	.00		
27	Taxable amount of Social Security benefits (from line 15)	27	.00		
28	Interest income on U.S. government bonds	28	.00		
29	Pension and annuity income exclusion	29	.00		
30	New York's 529 college savings program deduction/earnings	30	.00		
31	Other (Form IT-225, line 18)	31	.00		
32	Add lines 25 through 31			32	.00
33	New York adjusted gross income (subtract line 32 from line	33	.00		

Standard deduction or itemized deduction

34	Enter your standard deduction or your itemized deduction (from Form IT-196)		
	Mark an X in the appropriate box: Standard - or -	34	.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	.00



Tax calculation, credits, and other taxes 38 Taxable income (from line 37 on page 2) 38 .00 39 NYS tax on line 38 amount 39 .00 40 NYS household credit 40 .00 41 41 Resident credit .00 42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ... 42 .00 Add lines 40, 41, and 42 43 .00 43 44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank) 44 .00 45 Net other NYS taxes (Form IT-201-ATT, line 30) 45 .00 46 Total New York State taxes (add lines 44 and 45)00 46 New York City and Yonkers taxes, credits, and surcharges, and MCTMT 47 NYC taxable income 47 .00 See instructions to 47a NYC resident tax on line 47 amount 47a .00 calculate New York City and 48 NYC household credit 48 .00 Yonkers taxes, credits, and 49 Subtract line 48 from line 47a (if line 48 is more than surcharges. line 47a, leave blank) 49 .00 50 Part-year NYC resident tax (Form IT-360.1) 50 .00 51 Other NYC taxes (Form IT-201-ATT, line 34) 51 .00 52 Add lines 49, 50, and 51 52 .00 53 NYC nonrefundable credits (Form IT-201-ATT, line 10) 53 .00 54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank) 54 .00 54a MCTMT net earnings .00 base for Zone 1.. 54a 54b MCTMT net earnings base for Zone 2.. 54b .00 54c MCTMT for Zone 1 54c .00 54d MCTMT for Zone 2 54d .00 See instructions to calculate 54e Total MCTMT (add lines 54c and 54d)00 the MCTMT for each zone. 54e 55 Yonkers resident income tax surcharge00 55 56 Yonkers nonresident earnings tax (Form Y-203) 56 .00 **57** Part-year Yonkers resident income tax surcharge (*Form IT-360.1*) 57 .00 58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57) ... 58 .00 59 Sales or use tax (do not leave blank) 59 .00 60 Voluntary contributions (Form IT-227, Part 2, line 1) 60 .00 61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60) 61 .00



Page	e 4 of 4 IT-201 (2024)	Your Social Se	curity r	number						
62	Enter amount from line 61						62			.00
Pay	ments and refundable credits									
63	Empire State child credit		63			.00]			
	NYS/NYC child and dependent care credit .					.00				
65	NYS earned income credit (EIC)		65			.00	1			
	NYS noncustodial parent EIC		66			.00				
	Real property tax credit		67			.00	1			
	College tuition credit		68			.00	1			
69	NYC school tax credit (fixed amount) (also compl	lete F on page 1)	69			.00]			
69a	NYC school tax credit (rate reduction amour	nt)	69a			.00]			
70	NYC earned income credit		70			.00				
70a	This line intentionally left blank		70a							
71	Other refundable credits (Form IT-201-ATT, lin	e 18)	71			.00			complete Form(s	
	Total New York State tax withheld		72			.00		1/or 11-109 1 your retui	9-R and submit [•]	tnem
	Total New York City tax withheld		73			.00		•	federal Form W	10
	Total Yonkers tax withheld		74			.00		h your ret		-2
75	Total estimated tax payments and amount paid w	ith Form IT-370	75			.00				
76	Total payments (add lines 63 through 75)						76			.00
You	Ir refund, amount you owe, and account in	nformation								
	Amount overpaid (if line 76 is more than line		. 60 fr	am lina 76)			77			
	Amount of line 77 available for refund (sub TIP: Use this amount to check your refund	tract line 79 from	n line	,			78			.00 .00
78a	Amount of line 78 that you want to deposit into a N			IT-195, line 4) (also submi	t Form IT-195)	78a			.00
78b	Total refund after NYS 529 account deposit	(subtract line 78	Ba fror	n line 78)			78b			.00
79	Mark one refund choice: dir Amount of line 77 that you want applied to y	ect deposit to /ings account	o cheo (fill in	cking or <i>line 83)</i> - oi	r -	paper check	eas	iest, fastes	ect deposit is the st way to get you	
15	estimated tax (see instructions)		79			.00	refu			
80	Amount you owe (if line 76 is less than line 62	, subtract line 7	6 from			electronic	266	ions.	ons for paymen	π
	funds withdrawal, mark an X in the box _ or money order you must complete Form						80			.00
04			man	it with your i	ietuini		00			.00
81	Estimated tax penalty (include this amount in li reduce the overpayment on line 77)		81			.00	See	instructi	ons for the prop	ner
82	Other penalties and interest		82			.00	accomply of your return			
	Account information for direct deposit or ele			awal		100]			
05	If the funds for your payment (or refund) wo				count out	tside the U.	S m	ark an X i	n this box	
			ι υ	,						
	83a Account type: Personal checking -	or - Pers	sonal	savings - o	r - 📋	Business ch	neckin	g - or -	Business s	avings
	83b Routing number	8	3c A	ccount numbe	er					
84	Electronic funds withdrawal	Date				Amour	nt			.00
	Third-party Print designee's name			Desig	gnee's pho	one number			Personal identifie	
	ignee? (see instr.)			()				number (PIN	1)
Yes										
(Preparer must complete Preparer's NYT see instructions)	ex	/TPRI				yer(s	s) must si	ign here 🔻	
Prep	arer's signature Preparer's p	printed name			Your sign	ature				
Firm	s name (or yours, if self-employed)	Preparer's PT	IN or S	SN	Your occ	upation				
Addr	355	Employer iden	ntificatio	on number	Spouse's	signature and	occup	ation <i>(if joint</i>	return)	
		Da	ate		Date			Daytime p	hone number	
Ema	l:	·			Email:					

See instructions for where to mail your return.